

Family and Medical Leave Act (FMLA) Certification for Serious Injury or Illness Form of a Veteran for Military Caregiver Leave

Instructions for Employee: Please complete Section I before giving this form to the veteran or his/her health care provider. You are required to submit a timely, complete, and sufficient medical certification to support a request for FMLA leave. This form will provide the Office of Human Resources with information needed to determine if your leave request is for a qualifying reason under the FMLA. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. **This form should be returned within fifteen (15) calendar days of the request for this information.** If additional time is needed to complete and return the form, please contact the Office of Human Resources at (850) 599-3611 and request to speak with the FMLA Administrator. You will need to provide a reason for the delay and the date when the certification will be provided. You may return the form in person, by mail, or by fax. The fax number is (850) 412-5566. If sending by fax, please include a fax cover sheet marked "CONFIDENTIAL" and address the fax to the Office of Human Resources.

SECTION I – EMPLOYEE INFORMATION

Name of Employee requesting leave to care for Veteran:

Name of Veteran:

Parent - A biological, adoptive, step or foster father or mother, or someone who stood *in loco parentis* to the employee or covered service member. For FMLA purposes, does not include in-laws.

Son or daughter – For military caregiver leave, son or daughter refers to a son or daughter of any age.

Next of kin - A blood relative designated by the service member in writing as next of kin for purposes of military caregiver leave under FMLA (in which case that person is deemed the sole next of kin). A blood relative that has been granted legal custody of the service member by court decree or statutory provisions. Brothers and sisters, grandparents, aunts and uncles, and first cousins.

Relationship of employee to Veteran:

- Spouse
 Parent
 Son
 Daughter
 Next of Kin

PART A: VETERAN INFORMATION

- 1. Date of veteran's discharge: _____
- 2. Was the veteran dishonorably discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes No
- 3. Please provide the veteran's military branch, rank and unit at the time of discharge:
Military Branch: _____
Rank: _____
Unit: _____
- 4. Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness? Yes No

PART B: CARE TO BE PROVIDED TO THE VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

I certify that the information that I provided above is true and correct.

Signature of Employee:	Print Name:	Date:
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SECTION II – HEALTH CARE PROVIDER INFORMATION

For Completion by a U.S. Dept. of Defense (DOD) health care provider or a health care provider who is either: (1) a U.S. Dept. of Veterans Affairs (VA) health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. Please ensure that the sections above have been completed before completing this section.

Instructions for Health Care Provider: The employee listed above has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the service member in the line of duty on active duty in the Armed Forces or that existed before the beginning of the service member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces and manifested itself before or after the service member became a veteran.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Please complete all applicable sections. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave.

Provider's Name:

Business Address:

Type of Practice/Medical Specialty:

Phone:

Fax:

E-mail:

Please check whether you are:

- A DOD Health Care Provider
- A VA Health Care Provider
- A DOD TRICARE network authorized private Health Care Provider
- A DOD TRICARE non-network TRICARE authorized private Health Care Provider
- Other health care provider

PART A: MEDICAL STATUS

1. If you are unable to make certain of the military-related determinations contained below, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). The veteran’s medical condition is:

- A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member’s office, grade, rank or rating.
- A physical or mental condition for which the covered veteran has received U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave
- A physical or mental condition that substantially impairs the covered veteran’s ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans’ Affairs Program of Comprehensive Assistance for Family Caregivers.
- NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a “serious health condition” under FMLA. If such leave is requested, you may be required to complete an employer-provided form seeking the same information.)

2. Is the veteran being treated for a condition which incurred in the line of duty on active duty or existed before the beginning of the active duty and was aggravated by service in the line of duty on active duty in the Armed Forces? Yes No

3. Approximate date condition commenced: _____

4. Probable duration of condition and/or need for care: From: _____ To: _____

5. Is the veteran undergoing medical treatment, recuperation, or therapy? Yes No

6. If yes, please describe medical treatment, recuperation or therapy:

PART B: VETERAN'S NEED FOR CARE BY FAMILY MEMBER

The "need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

1. Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? Yes No

If yes, estimate the beginning and ending dates for this period of time: From _____ To: _____

2. Will the veteran require periodic follow-up treatment appointments? Yes No

If yes, estimate the treatment schedule: _____

3. Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments?
 Yes No

4. Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes No

Frequency: _____ times per Week(s) Month(s) **Duration:** _____ hours or _____ day(s) per episode

Flare ups may occur: From _____ Through _____

ADDITIONAL INFORMATION (Identify question number with your additional answer):

Signature of Health Care Provider:

Print Name:

Date: